## PART B - FEE(S) TRANSMITTAL

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11 .	•		or J	Fax (703) 746-4000		
INSTRUCTIONS: This fo	orm should be used for tran	smitting the ISSU	E FEE and I	PUBLICATION FEE (if re	uired). Blocks 1 through 5 will be mailed to the curren	should be completed wh
appropriate, All further co indicated arises corrected	prespondence including the below or directed otherwise ons.	in Block 1, by (a)	specifying a	new correspondence addre	is; and/or (b) indicating a sep	parate "FEE ADDRESS"
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APPLICATION NO.	FILING DATE	FIRST NAME		INVENTOR ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/047,677	01/15/2002		Daniel A. I	Henderson	0317MH-34834CIP	6719
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BARNIE, REXFORD N		2643		379-142080		
PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" Indica or more recent) attached. Us	e of a Customer	2 registere listed, no r	ne of a single firm (having a attorney or agent) and the na d patent attorneys or agents. name will be printed.	If no name is 3	
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO B	E PRINTED ON T		(print or type)	•	
PLEASE NOTE: Unles	s an assignee is identified be	elow, no assignee d	iata wili app	ear on the patent. If an assi	gnee is identified below, the	document has been filed
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